



RESPONSE UNDER CFR 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 3644

050-96-017 C1/D1 (02158.004700 CI/DI)

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: John W. Eldred
John STANKO)	
	:	Group Art Unit: 3644
Application No.: 09/640,063)	
	:	
Filed: August 17, 2000)	
	:	
For: HYBRID DEICING SYSTEM AND)	
METHOD OF OPERATION	:	June 7, 2005

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR WITHDRAWAL OF FINALITY
AND AMENDMENT AFTER FINAL REJECTION

Sir:

Introductory Comments

In response to the final Official Action dated March 10, 2005, please amend
the above-identified application as follows, pursuant to 37 C.F.R. § 1.116:

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JPW



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In re Application of:

Docket No.: 050-96-017 C1/D1
(02158.004700 CI/DI)

John STANKO

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Application No.: 09/640,063

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Sir:

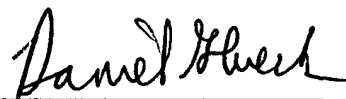
Transmitted herewith is a Request for Withdrawal of Finality and Amendment After Final Rejection in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	79	MINUS	182	0	x \$ 50 \$25	\$0.00
INDEP. CLAIMS	15	MINUS	15	0	x \$200 \$100	\$0.00
Fee for Multiple Dependent claims \$180/\$360						--
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 CFR 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the Extension fee for response within ____ month is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached by telephone at (202) 530-1010. All correspondence should be directed to the address listed below.



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